Oucher prepared at (Give place and date)  HE UNITED STATES, Dr., Payee's Account No. 844  COPY. 6 OF 3  (Payee)  (Address) (City) (State)  ARTICLES OR SERVICES AMOUNT  (Fater description, item number of contract or Federal supply OHANTITY	. S	Cost Rei	proved For Release SERV					PAIL	BY	$\neg$
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